

Speranta

An Honors Thesis (HONRS 499)

by

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A handwritten signature in black ink, reading "James A. McKenzie". The signature is fluid and cursive, with the first name "James" and last name "McKenzie" clearly legible, and a middle initial "A." in between.

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Abstract

International adoption from Romania has been rapidly growing since the fall of communism in 1989. However, parents seeking to adopt rarely know the complexities of the emotional and behavioral problems of children who have been raised in the institutions from which they are adopting. This lack of awareness can seriously delay a child from being integrated into a new family, and without the proper knowledge of how to deal with these children, parents may not know how to help reverse the effects of institutionalism. Studies have shown that with proper intervention, institutionalized children can recover from some of the emotional and psychological effects of being raised with a lack empathic care. However, most parents do not know what these interventions are. *Speranta* will be a multi-activity program that will instruct the parents on how to conduct these interventions, as well as educate them on the actual problems. With the help of this program, parents will have the skills and awareness needed to help their adopted child.

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I would also like to thank Blake and Lynn Arnett who are the parents of three children adopted from Romania. I have learned much from observing their family and through talking to them.

I would also like to thank Heart to Heart International Ministries through whom I first went to Romania to work with these institutionalized problems. I am grateful for all the hard work of the staff of Heart to Heart. They have dedicated their lives to helping these children while they are still in the institutions.

Speranta

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An Introduction to Speranta

The word *speranta* is the Romanian word for “hope.” This is a word that is very near to parents wanting to adopt children from places like Romania. Parents hold onto the hope of having a child of their own, the hope of raising that child in a happy home, and the hope of having a child that will love them and see them as mommy and daddy. There is also hope in the waiting children, even if this hope seems to fade over time, and even if their idea of what a family is or should be is skewed. So it seems that the connection of an awaiting child and waiting parents would be immediate and the hope would be fulfilled. This misconception can lead to great disappointment, letdown, and severe problems between the parents and the child.

The program *Speranta* is a program designed to equip parents wanting to adopt from Romania, with the awareness and skills needed to learn how to overcome the emotional and behavioral problems associated with institutionalized children. Often, parents are unaware of the effects that growing up in an institutionalized setting can have on a child. *Speranta* is designed to educate the parents about these problems before the child arrives. Studies have shown that different interventions have been very successful in turning some of the effects of institutionalization around. Equipping the parents with these interventions will also be part of the *Speranta* program.

The effects of living in an institution can be very serious and without some sort of intervention, they may never be solved. *Speranta* will give parents the knowledge and skills they need to intervene and to help reverse these effects. *Speranta* means hope, because with the right interventions, a hopeless child and the awaiting parents can now be hopeful.

A Rationale for Speranta

Millions of children in this world do not grow up in a traditional family setting. Due to poverty, parent death, illness or abandonment these children are sentenced to spend their childhood, and sometimes their entire lives, in an institution such as a hospital, group home or orphanage. These institutions sometimes house over one-hundred children at a time but usually only provide for the minimal needs. Institutionalized children grow up being physically, mentally, and emotionally deprived and more than likely they experience physical and sexual abuse from other children or from their caretakers.

As infants, institutionalized children do not receive the nurturing care or sensory stimulation they need for normal physical and psychosocial development. This deprivation of nurturing care and stimulation is the main cause for the devastating effects of institutionalism (Erikson, 1982). These children grow up with physical problems such as dwarfism, infectious diseases, low body weight, and underdeveloped motor skills. But the most harmful effects of institutionalization are not physical. Institutionalized children are likely to have extreme psychiatric, emotional, and behavioral problems which include mood disorders, attachment disorders, attention deficit hyperactivity disorder, oppositional or defiant conduct disorders, anxiety disorders and even personality disorders (Federici, 1998). Children that have come from institutional settings or from foster care tend to be over-represented in the population of children receiving psychiatric help (Donovan & McIntyre, 1990). This shows that the children who come from these unstable environments are at greater risk for psychiatric problems. These problems in children can later lead to a breakdown in the child (Weil, 1992). These children can be extremely hard to control and without intervention their conditions will only worsen.

For most people in America, this may seem like a problem for the caretakers who work in these institutions, however as international adoptions become more common, this issue becomes a concern for parents in the United States who want to adopt. The country of Romania, since its fall from communism in 1989, has been a popular country from which to adopt children. Nicolae Ceaucescu was the communist dictator of Romania from 1968 until 1989. One of his goals was to build a young nation. To do this he outlawed abortion and made contraceptives unavailable (Raly, 1992). Women were forced to have more children than they could afford. As a result over 100,000 children were placed in state-run institutions. In 1989, Romania had a revolution during which Ceaucescu was executed and Romanians were freed from communism, but poverty remained and only worsened. At this time Romania became open for international adoptions. Shortly after the revolution, campaigns were aired in the United States showing the conditions in which some of these children were being raised. What parents saw were helpless children who needed a home with parents that would love and provide for them, to make up for their lives of deprivation. What parents did not see were the extreme consequences of this deprivation which do not just disappear when a child is adopted into a loving family. Research conducted by Federici (1998), a Developmental Neuropsychologist suggests the following:

about 20-25 percent of adopted children from countries in Eastern Europe have severe or multiple developmental delays which will require life-long services; 40-50 percent have moderate multiple delays requiring continued educational and psychological support; while only 20-25 percent are relatively free of developmental problems (pg. 70).

Today, there is a little more information to educate and prepare parents for what to expect when adopting an institutionalized child, however the information is not always offered to

the parents by the adoption agency, and unless the parent knows to search for it, they may not be properly prepared. Parents expect to receive a feeble, frail child that quickly learns to be a part of the family and American culture through the love they receive. What the parents often get is a scared, defiant, manipulative, and sometimes violent child with extreme emotional and behavioral problems. Without proper intervention, these problems can lead to family troubles and even failed adoptions. What remains are parents feeling guilty and misled, and children being abandoned once again.

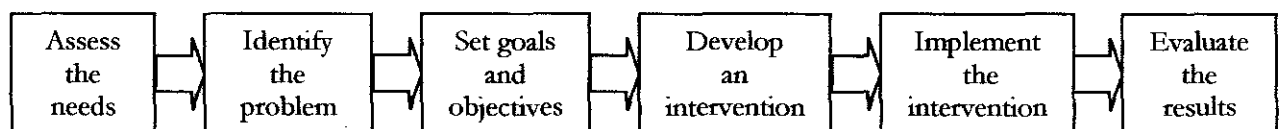
Speranta is a program designed to equip parents with the knowledge and skills needed to integrate an adopted child into their family. The program will focus on preparing the parents for some of the problems they might see in their adopted child as well as training the parents in therapy techniques they can use with their child. The program will also introduce the parents to coping methods, Romanian cultural and language, and resources helpful for adoptive parents. *Speranta* will be a resource for parents to turn to for education, training and support at any time throughout the adoption process. The goal of the program is not to make a profit, but to be a profit to the children and the families.

Through the use of this program, both the child and the parents can benefit. The child will receive aggressive therapy that will, in a sense, de-institutionalize them. Just as any detoxification process is hard for the person going through it, the process of de-institutionalization will be extremely hard for the child, but the benefits far outweigh the costs. The parents involved in this program will have a greater ability to understand their child and they will be equipped to begin the aggressive therapy. The best way to prevent problems, is to be prepared for them. Although most of the problems that adoptive parents will come in contact with are not preventable, the parents will be better prepared to handle them in a way that will help the adopted child. *Speranta* is an aggressive program that takes

dedication, commitment and sacrifice from the parents, but the benefits are a family that has rescued a child from a deprived life and has brought him or her into an environment where healing and recovery are realities.

A questionnaire (see appendix) was developed by the program planner to obtain data for this program. This questionnaire was designed for parents who have already adopted from Romania because these parents have experienced some of the problems spoken of above. The validity and reliability of the questionnaire was checked through a board of experts consisting of parents who have adopted, social workers, and personnel from an adoption agency. The questionnaire was then put online to be easily viewed and completed by parents, however due to complications, this questionnaire was not able to be used. Research for this program was conducted primarily through books.

Generalized Planning Model



The generalized planning model is a generic set of tasks that program planners can use to plan any program (McKenzie & Smeltzer, 1997). The first step is to assess the needs of the target population. This can be completed through a variety of ways including questionnaires, interviews, or research. The second step is to identify the problem or problems. The next step is to set goals and objectives for the program. These objectives will later be used for the evaluation process. The fourth step is to develop an intervention.

In this step, the actual intervention activities are designed, resources are established, and decisions for marketing are made. Implementation of the program is the next step.

Implementation involves pilot testing and also making any kind of necessary changes, however, compared to planning, it can be a much easier task. Evaluation is the sixth step of program planning. The evaluation procedure is designed to test the outcomes of the objects created for the program.

Planning and Implementation Schedule

The following chart is a tentative schedule of the planning and the implementation process. The total planning and implementation schedule is about 19 months long.

Tasks	Months											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2003												
Develop single-step needs assessment						X	X	X				
Pilot test needs assessment									X			
Collect completed instruments										X		
Tally and analyze data											X	
Develop intervention											X	
Write mission statement & objectives											X	
Complete development of intervention											X	
Coordinate personnel & edu. resources												X
Tasks	Months											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2004												
Pilot test intervention		X	X	X	X							
Evaluation of pilot test						X						
Refine as needed						X	X					
Implementation									X			
Session #1									X			
Session #2									X			
Session #3										X		
Session #4										X		
Session #5											X	
Session #6												X
Complete evaluation of intervention												X
Written report of evaluation												X

Target Audience, Mission Statement, Goals and Objectives

Target Audience

The target Audience of *Speranta* is residents of Indiana who are seeking to adopt a child from Romania through and Indiana Adoption agency. Agencies that deal with Romanian adoptions will be contacted about the program in order to reach this target audience.

Mission Statement

To equip parents who want to adopt from Romania with the knowledge, skills and support needed to de-institutionalize their child and integrate their child into a family.

Goals

- Adopted children will be brought into an environment where the damaging effects of institutional life can begin to be reversed through aggressive treatment.
- Parents will be able to better understand the behavior and mind-set of their adopted child.
- Parents will have accurate expectations for the arrival of their child.
- Parents will learn ways to communicate with their child.

Objectives

Administrative Objectives

- Each parent will attend all sessions between the time they start the program and when their adopted child arrives.

- Each parent will attend at least 2 follow-up sessions after the child has arrived to share with other parents.

Learning Objectives

- Upon completion of the program, each parent will be able to list five characteristics of an institutionalized child.
- Upon completion of the program, each parent will be able to complete the “Do’s and Don’ts” quiz with 100% accuracy.
- Upon completion of the program, each parent will be able to demonstrate the holding techniques presented in class.
- Upon completion of the program, each parent will be able to describe three behavioral reinforcement activities.

Behavioral Objectives

- After the child has been home for two weeks, 95% of the parents will report that they have implemented the skills they have acquired from the program.
- After the child has been home for two months, 85% of the parents will report that they have written in their journals at least three times a week since the child’s arrival.

Program Objectives

- After the child has been home for six months, 80% of the parents will report improvement in the child’s adjustment.
- After 1 year after the child’s arrival, 75% of the parents will report having success with the treatment plan.

Multi-Activity Interventions

Speranta is a multi-activity intervention and was designed to educate and provide support to parents who are adopting from Romania. This intervention will be using educational, behavior modification, social, and technology delivered activities.

I. Educational Intervention Activities

The educational intervention activity is composed of five meetings prior to the adoption which will each last for 120 minutes, and two meetings after the adoption which will each last for 90 minutes. Each of the five meetings prior to the adoption will start off with 60 minutes for the Culture and Language session (see session #1 for description). After the Culture and Language sessions, one of the remaining four sessions (see sessions 2-5 for descriptions) will be conducted. A 15 minute break will be given between these sessions.

A. Session #1: “Romanian Culture and Language”

This session will be an introduction to the culture and language of Romania. This session will be the first part of each of the first five meetings and will give the parents a basic knowledge of the culture that their adopted child will be coming from, as well as some basic speaking skills in the Romanian language to help the parent better communicate with and understand their adopted child. New information will be given at each of the four meetings for this session. The Romanian language packet will be given out at this session.

B. Session #2: “Where They Come From”

This session will concentrate on educating the parents on the conditions their adopted child may have experienced while growing up in an institution or foster

home. Parents will also be given information about how these different environments may have effected the development of their child. Parents will be given tips on how to help their child slowly adjust to their new living conditions in a family setting.

C. Session #3: “Who Are Detached Children?”

This session will be an informative session about attachment disorders. Parents will learn the signs of attachment disorder, problems associated with attachment disorders, and techniques for dealing with children with attachment disorders.

Parents will be given a suggested reading list.

D. Session #4: “Neuropsychiatric Conditions”

This session will focus on educating the parents about neuropsychiatric problems associated with institutionalized children. Parents will be informed about and encouraged to have their child evaluated for neuropsychiatric problems. Parents will be given a list of resources in the Indianapolis area where they can have their child evaluated.

E. Session #5: “They’ve Arrived, Now What?”

This session will be given in two parts over two meetings. The first part of this session will focus on educating the parents on how to prepare the home environment for the arrival of the child. Parents will learn about how to set up the child’s bedroom, how much interaction the child should have with others, and how much supervision the child needs. The second part of this session will focus on teaching the parents the therapy techniques to employ with the child.

F. Follow-up sessions

The follow-up sessions will be completed after the child has been home for some time. One follow-up session will be held each month. Parents will be encouraged to come to at least two follow-up sessions. These sessions will be conducted in two parts. The first part will be a one hour one-on-one meeting between the parent, child and a trained staff member of *Speranta*. The second part of the meeting will be a support group where the parents can come together and talk about issues and concerns, as well as breakthroughs with their children. During this time, the adopted children will have a special play room where they can go and play with other children.

II. Behavioral Modification Intervention Activity

Each parent will be given a journal with available space to write out the events of the day, the behavior of the child for that day, interventions that were taken, results of the interventions, and their own personal emotions and how they are coping with them. This will give the parent a record of what has and has not worked in the past, as well as a way to release stress. The journal will also be useful in the follow-up sessions.

III. Communication Activity

A. Each month a newsletter, created by the staff of *Speranta* will be printed and sent to all participants of the program. This newsletter will include success stories, coping strategies, Romanian culture lessons and recipes, and a list of upcoming events.

B. A support network made up of other participants and staff of *Speranta* will be created to provide parents with a list of people they can turn to on any given day. Names and contact information from willing participants will be collected and given to the participants so that everyone has access to another parent or staff member who can relate to emotions or problem being faced.

C. A website will be created for the participants. This website will have helpful hints about helping their adopted child adjust and overcome problems, weekly and monthly announcements, language tools, Romanian culture information, and links to other helpful websites.

VI. Incentives Intervention Activity

At each meeting there will be a drawing for a number of different prizes ranging from restaurant gift certificates, hotel vouchers, movie tickets, and books.

Resources

A program cannot be carried out without the key resources. Resources include personnel, materials used, space allocations, equipment, and funding. Listed below are the resources needed for *Speranta*.

Personnel

One of the most important aspects of a program that is essential to success is the program personnel. The program requires a variety of different staff to be effective. Volunteers will be trained as teachers of the sessions. There will be two volunteers for each

meeting night. The first volunteer will lead the first session of each meeting. This volunteer will have to be fluent in Romanian and must have a clear understanding of the culture. The second volunteer will be the leader of the second session of each meeting. These same volunteers will stay with the same parents throughout the entire program. Two alternate volunteers will be trained in case one of the teachers cannot attend a meeting. All volunteers will have some experience with adopting from Romania or with working with parents who have adopted.

Childcare attendants will also be needed for every session. The number of childcare attendants will depend on the number of children. Parents will be asked how many children they will be bringing with them to the sessions so that a ration of four children to one childcare attendant may be maintained.

A webmaster will need to be employed to maintain the website for *Speranta*. The webmaster's duties will include creating and maintaining the website for the multi-intervention program.

The program will be run and organized by the program planner along with the help of the volunteers. Marketing, running errands, and creating materials will be the responsibilities of all personnel involved in the program.

Materials Used

The educational resources to be used in the sessions were chosen based upon their content. The resources were also chosen because of their significance for the program. Many of the interventions were built around some of these resources.

- Romanian language packet
- Suggested reading list
- Child evaluation resource list

- Parents' journal

Space Allocations

The program will require a building with multiple rooms large enough to hold 20 to 30 people comfortably. The building will also need to have a child friendly room for the childcare portion of the program. Possible buildings would include schools, churches or community centers. The chosen space will be in the Indianapolis area because the target audience is Indiana residents wanting to adopt from Romania. Indianapolis is a centrally located and easily accessible for most Indiana residents.

Equipment Used

Any equipment needed for the sessions of *Speranta* will be brought to the building by the volunteers. The use of posters, easels, and dry erase boards may be necessary.

Funding

Expected funding for this program will be primarily through grants from local foundations. Currently the planners have not applied for any grants, but are still formulating the program. If the cost of the program is not met through a grant or sponsorship, the cost of the program for participants will increase. There will be a minimal cost of \$20 for the program for each parent group. This money will be allocated to provide for the cost of materials, food, and other resources. Solicited sponsorship from community companies will also help to provide the program with certain needed items. Incentives such as gift certificates to area restaurants, stores, and motels will be requested.

Marketing

An effective program begins with effective marketing, which is simply the trading of costs and benefits from program planners to the program participants. *Speranta* is a multi-

activity intervention utilizing both tangible and intangible products. The intangible products include education about culture and language of Romania, having correct expectations for the adopted child, and learning how to help heal the child and build a bonding relationship. The tangible products include reading materials, access to a website, monthly newsletters, and a journal.

The target population for the program is residents of Indiana who are wanting to adopt a child from Romania. The cost for each family group of *Speranta* will be \$20. The initial cost of \$20 was chosen to cover a portion of the cost of materials such as the language packet, the fee for the webmaster, and the cost of postage for the monthly newsletter. However, these are not the only prices that need to be considered. Psychological, geographical, behavioral, and social prices can be expected as participants learn about changing attitudes and behaviors associated with parenting an adopted child. For example, parents may decide to make changes in their own lifestyles according to what they learn from the educational sessions and any change in one's lifestyle will have an effect on the psychological, behavioral, and social areas of one's life.

The sessions will be held at a church, school or community center in Indianapolis. Indianapolis was chosen because it is centrally located in the state. Most Indiana residents can travel to Indianapolis within a few hours or less. Although this may be a lot of time, it will only be necessary twice a month or less. The meetings will be held every two weeks for Two months before the child has arrived, as well as one meeting per month for parent's who's child has arrived. The first five meetings will last 120 minutes, and the last two meetings will last 90 minutes. To accommodate the most people, the meetings will be held on a Saturday afternoon. Saturdays were chosen because many participants will have to

travel to Indianapolis to participate. Saturdays are not the typical work day for most people and so participants may have more time to travel to Indianapolis for the program.

Speranta will be promoted through ads in the classified section of the Sunday edition of the *Indianapolis Star* as well as through adoption agencies in Indiana that deal with Romanian adoptions. Adoption agencies will be asked to inform parents seeking to adopt from Romania about the program.

Implementation

Pilot

Program planners will approach adoption agency personnel to request that they contact 5-10 adults seeking to adopt a child from Romania to ask them to participate in the program planners four week *Speranta* program. At the end of the pilot, the participants will fill out an evaluation form. Based on the results of the evaluation, the program will be modified as needed.

Kickoff

The first 20 people to sign up for the *Speranta* program will be entered into a raffle for one roundtrip airline ticket to Bucharest, Romania from a participating airline. Advertisements for the program kickoff will be put into newsletters for adoptive parents, and will be sent to adoption agencies in the area to be given to waiting parents.

Phase-in

The phasing-in of the full program will be by number of participants enrolled. The maximum number of participants for the first *Speranta* program will be eight. The program will be two months with two sessions per month. The sessions will last 30 minutes. Each

session will be an introduction to what the full session would be in the future.

Total Implementation

There will be a maximum of 16 participants enrolled in the *Speranta* program. The participants will be pre-tested and post-tested to identify if knowledge and skills were gained. The *Speranta* program will be every other week for two months and the sessions will last 120 minutes.

Evaluation

The purpose of the evaluation is to test the success of *Speranta* in educating and equipping parents who want to adopt from Romania. The evaluation approach will consist of quantitative data measured through the use of pre test and post test questionnaires as well as through qualitative data measured through self-reports.

Quantitative Evaluation design:

$$O_1 \quad X \quad O_2$$

where: O_1 = pre test questionnaire scores

X = intervention: *Speranta*

O_2 = post test questionnaire scores

Data collected: Ordinal data;

score of 0-40% correct= 1

score of 41-60% correct = 2

score of 61-70% correct = 3

score of 71-75% correct = 4

score of 75-80% correct = 5

score of 81-85% correct = 6

score of 86-90% correct = 7

score of 91-95% correct = 8

score of 96-100% correct = 9

Data analysis: To analyze the data, measures of central tendency, which include mean, median, and mode will be used, as well as a repeated measures t-test to indicate any significant changes between the pre and post tests.

Possible limitations: Participants in this program may be receiving information from other outside sources while they are attending the *Speranta* educational sessions. This means that an increase in scores from the pre test to the post test may not directly reflect the effectiveness of the program.

Qualitative evaluation design.

This part of the evaluation will be long term. After the child has been in the home of the adoptive parents for six months the parents will report via whether or not they feel the program has been successful in improving their child's adjustment. After the child has been home for one year, the parents will report whether or not they have had success with the program.

Data analysis: These two questions apply to the program objectives. If 80% of the parents interviewed report that the program has improved their child's adjustment after sixth months, and if 75% of parents interviewed report that the program is a success after a year, the program can be evaluated as being successful at meeting the objectives.

Possible limitations: It is possible that the parents may not continue with the program according to the skills and techniques they learned and so their success could be from other techniques. Also, the parents may or may not be completely honest about how the program has turned out.

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Appendix

Introduction

My name is Hilary Perdue. I am a senior honors student at Ball State University in Indiana studying Health Science and Developmental Psychology. To finish the honors program, I am required to do an honors project. For my project I have picked a subject that I have a huge passion for: adoption of Romanian children. I have traveled to Romania on four different occasions to work in the orphanages and a baby hospital. I fell in love with these precious children very fast. A year ago I met a family that has already adopted 3 children from Romania and is in the process of adopting another child. Through my own study of the language, I have helped them learn the basics of Romanian to prepare them for the last two children. They have expressed that learning only a little bit of the language has helped them in talking to and understanding their child, and this in turn has helped the third child adjust better than the first two. This is how I got the idea for my senior project. From talking to other adoptive parents I have learned that there are no programs in existence designed to prepare parents before the adoption and to help the child transition after their arrival. These parents have also expressed the desire to have a program such as this. I believe the best way to deal with problems is to be prepared for them, or to prevent them. This program will be designed to meet the needs of the new adoptive parents and the arriving children. I would like the input of parents like you, who have adopted from Romania to help me in the design of this program.

Instructions: *This is a questionnaire designed to research parents who have adopted children from Romania, and their interest in a program designed and planned for the needs of the parent and the adopted child. The questionnaire focuses on how prepared you felt before your child arrived, how you felt after your child arrived, and things that you would like to see in a program. Please fill out one questionnaire for each child you have adopted. Thank you so much for your input.*

1. I am
 - a. married
 - b. single
2. I am a
 - a. male
 - b. female
3. How many birth children have you had?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4 or more
4. How many children have you adopted from another country?
 - a. 0
 - b. 1
 - c. 2
 - d. 3 or more
5. How many children have you adopted from Romania?
 - a. 1
 - b. 2
 - c. 3
 - d. 4 or more

**Make sure that you fill the following questions out for each adopted child*

6. How old was the child when his/her adoption was final?
 - a. infant (birth to 1 year)
 - b. toddler (1 to 3 years)
 - c. preschool age (3 to 5 years)
 - d. young adolescent (5-9 years)
 - e. pre-teen (9-12 years)
 - f. teenager (12 years or older)
7. Before the adoption, in what kind of setting in Romania was the child raised in right before the adoption took place?
 - a. foster home
 - b. state-run orphanage
 - c. privately owned orphanage or group home
 - d. hospital

Words defined:

State-run orphanage: a home for orphaned children run by the government.

Privately-owned orphanage: a home for orphaned children which is run by a private organization such as a church, instead of by the government.

Before Adoption

Please read each question and rate your answer from 1-5. 1=very, 2=somewhat, 3=unsure, 4= not very, 5= not at all.

8. In the months prior to when your child arrived **how smoothly** did you expect your adopted child to adjust to life with your family in the U.S.?

- a. 1 b. 2 c. 3 d. 4 e. 5

9. In the months prior to when your child arrived **how aware** were you of the living conditions of your child?

- a. 1 b. 2 c. 3 d. 4 e. 5

10. In the months prior to when your child arrived **how aware** were you of emotional problems with institutionalized children in general?

- a. 1 b. 2 c. 3 d. 4 e. 5

Words defined:

emotional problems: this includes frequent crying or lack of crying, lack of trust, self-rocking, excessive anger, violence, lack of care for others, etc.

institutionalized children: children who have spent a long period of their life living in a group home such as an orphanage or hospital with other children and with staff instead of parents (this may also include children who have grown up in foster care).

11. In the months prior to when your child arrived **how aware** were you of the behavioral problems of institutionalized children in general?

- a. 1 b. 2 c. 3 d. 4 e. 5

Words defined:

Behavioral Problems: this includes violence to self or to others, not obeying, lying, stealing, hoarding, screaming, doing damage to things in the home or to toys, etc.

12. In the months prior to when your child arrived **how aware** were you of common physical and or health problems of institutionalized children?

- a. 1 b. 2 c. 3 d. 4 e. 5

Words defined:

Physical and or Health problems: this includes problems such as seizures, asthma, skin rashes, broken bones, bladder conditions, etc.

13. With the knowledge that you had of your child in the months prior to when your child arrived, **how quickly** did you expect your child to bond to you after they arrived?

- a. within days
- b. within a few weeks
- c. within a few months
- d. within a year
- e. would take more than a year

14. In the months prior to when your child arrived **how quickly** did you expect that you would bond to your child after they arrived?

- a. within days
- b. within a few weeks
- c. within a few months
- d. within a year
- e. would take more than a year

15. In the months prior to when your child arrived did you feel like you had the resources needed to answer your questions?

- a. yes
- b. somewhat
- c. unsure
- d. not really
- e. not at all

16. What were the resources you had?

- a. adoption agency
- b. internet chat
- c. listings
- d. social work
- e. books
- f. others who have adopted
- g. support group
- h. other_____

17. How often did you make use of these resources?

- a. very often
- b. somewhat often
- c. not very often
- d. never

18. Who or what did you feel prepared you best?

- a. adoption agency
- b. internet chat
- c. listings
- d. social work
- e. books
- f. others who have adopted
- g. support group
- h. other _____

19. In the months prior to when your child arrived **how important** did you view personal knowledge of the country and culture of Romania?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

20. In the months prior to when your child arrived how much access did you have to learn about the country and culture of Romania?

- a. a lot
- b. a little
- c. unsure
- d. not too much
- e. none

21. In the months prior to when your child arrived **how important** did you view learning a little bit of the Romanian language?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

22. In the months prior to when your child arrived how much access did you have to learn the Romanian Language?

- a. a lot
- b. a little
- c. unsure
- d. not much
- e. none

After the Adoption

23. How long has your adopted child lived with you now?

- a. less than 1 month
- b. 1-6 months
- c. 6 months to a 1 year
- d. 1-2 years
- e. 2-3 years
- f. 3-5 years
- g. more than 5 years

24. After the adoption how quickly did you build a trusting relationship with the child?
- a. within days
 - b. within a few weeks
 - c. within a few months
 - d. within a year
 - e. we have made progress but we are still working on it
 - f. the child has never really trusted me

Words defined:

Trusting relationship: *When your child begins to rely or depend on you without hesitation.*

Bond: *to form a close, personal relationship. Note: many adopted children will seem to show love to any adult at first, but a bond with the child is personal and unique to your relationship with that child.*

25. After the adoption how quickly did your child bond to you?
- a. within days
 - b. within a few weeks
 - c. within a few months
 - d. within a year
 - e. we have made progress but we are still working on it
 - f. the child has never really bonded to me
26. After the adoption how quickly did you bond to your child?
- a. within days
 - b. within a few weeks
 - c. within a few months
 - d. within a year
 - e. we have made progress but we are still working on it
 - f. I have never really bonded to my child
27. How happy did your child seem to be after they arrived in your home?
- a. very happy
 - b. somewhat happy
 - c. unsure
 - d. not very happy
 - e. not happy at all
28. What was the most common state you saw your child in?
- a. happy
 - b. angry
 - c. sad or depressed
 - d. unemotional
 - e. out of control
 - f. other _____

29. How easy was it for you to communicate with your child at first?
- a. very easy
 - b. somewhat easy
 - c. unsure
 - d. a little hard
 - e. very hard
30. How easy was it for you to understand your child's needs at first?
- a. very easy
 - b. somewhat easy
 - c. unsure
 - d. a little hard
 - e. very hard
31. At first, how hesitant were you to correct or discipline your child?
- a. very hesitant
 - b. somewhat hesitant
 - c. unsure
 - d. a little hesitant
 - e. very hesitant
32. At first, how resistant was your child to your correction or discipline?
- a. very resistant
 - b. somewhat resistant
 - c. unsure
 - d. not very resistant
 - e. not resistant at all
33. At first, how easily did your child obey you?
- a. very easily
 - b. somewhat easily
 - c. unsure
 - d. not very easily
 - e. not at all
34. How often was your child violent with you or another person?
- a. very often
 - b. somewhat often
 - c. unsure
 - d. rarely
 - e. never
35. Overall, how smoothly did your child adjust?
- a. very smoothly
 - b. somewhat smoothly
 - c. unsure
 - d. not very smoothly
 - e. not smoothly at all

36. Overall, how prepared did you feel when your child arrived?

- a. very prepared
- b. somewhat prepared
- c. unsure
- d. not very prepared
- e. not prepared at all

Looking Back

37. Looking back would you have liked to have a program that would have helped you prepare for when your child came?

- a. yes
- b. maybe
- c. unsure
- d. probably not
- e. not at all

38. Was there something that you felt completely unprepared for before or after your child arrived?

- a. _____
- b. _____
- c. _____

39. What things would you like to see in this program? (check all that apply)

- a. language lessons for parents
- b. info about institutionalized children, their emotional and physical problems.
- c. info about the culture of Romania
- d. tips and ideas for travel in Romania
- e. tips for parents of adopted children
- f. impact of adopted children on siblings at home
- g. resources such as books, newsletters, and email groups
- h. a staff that could counsel and support you
- i. language lessons for adopted children
- j. other _____

40. How long would you want to be involved in this program?

- a. many months before the child comes – many months after the child comes
- b. many weeks before the child comes- many weeks after the child comes
- c. just before the child comes
- d. just after the child comes
- e. on an as needed basis prior to arrival of child

41. How often would you be willing to be involved in this program?

- a. weekly
- b. twice a month
- c. once a month

42. How far would you be willing to travel for this program?
- a. 100 or more miles
 - b. 75-100 miles
 - c. 50-75 miles
 - d. 25-50 miles
 - e. under 25 miles
43. Would you be interested in any of the following technology based programs:
- a. internet program
 - b. phone chat
 - c. other _____
44. What would you like for your child, family, or self to help include Romanian culture in your lives?
- a. regular gatherings (annual, monthly, semi-annual)
 - b. access to other parents who have adopted
 - c. access to other parents who with to internet support groups
 - d. books, films, cultural resources (ex: notices for Romanian cultural events in U.S.)
 - e. newsletters
45. Would you be willing to pay for these services?
- a. no
 - b. maybe
 - c. yes, if the price was low
 - d. yes, the price would not matter
46. Do you have any questions or comments for me?